

CBSV OPEN ENROLLMENT

DECEMBER 10, 2007 THROUGH FEBRUARY 29, 2008

SSA is pleased to announce the first open enrollment period for the Consent Based Social Security Number (SSN) Verification System (CBSV). **An Employer Identification Number (EIN) is required to enroll and become a CBSV user.**

General Information

CBSV is a fee based SSN verification service that will permit private businesses, Federal, State and Local governments to verify an individual's SSN once a valid signed consent form is obtained from the SSN holder. The fees involved with CBSV are an initial enrollment fee (\$5,000) and a per SSN transaction fee. The current estimated transaction fee for verification of each SSN is \$0.32. More detailed information about CBSV may be found at

<http://www.socialsecurity.gov/bsocbsvMarketing.html>, including a sample User Agreement and User Guide.

Enrollment Information

SSA plans to hold annual "Open Enrollment" seasons. Companies that wish to participate in CBSV must enroll during the Open Enrollment season. Enrollments will only be accepted during the Open Enrollment season and will generally permit the enrollee to begin using CBSV at the beginning of SSA's fiscal year (i.e., October 1st each year).

If you wish to enroll in the first Open Enrollment season and participate in CBSV beginning October 1, 2008 you must:

- Complete the enrollment information below during the Open Enrollment season (December 10, 2007 – February 29, 2008) and email it to SSA.CBSV@ssa.gov by February 29, 2008. Enrollments received after February 29, 2008 will not be processed.
- Submit the required one-time \$5,000 enrollment fee (via check) during the open enrollment period along **with a hard copy** of the completed information to:

Social Security Administration
ATTN: CBSV
6401 Security Boulevard
P.O. Box 17042
Baltimore, MD 21235

Note: The \$5,000 enrollment fee will be applied against your future transaction fees. SSA may choose to refund the \$5,000 up until the time that SSA begins development of the CBSV system, estimated to be March 15, 2008. Once SSA begins development of the CBSV system, SSA will not make refunds. Your action of completing and submitting this form, in addition to your submission of the \$5,000, constitutes your acknowledgement and agreement that the issuance of a refund of the \$5,000 enrollment fee will only be at SSA's discretion prior to the point that SSA begins development of the CBSV system.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

1. Company Identifying Information:

Company Name: _____
Address: _____
City, State, Zip: _____
Company Email: _____
Telephone: _____
EIN: _____

2. Company Official:

Responsible Company Official: _____
Contact Person: _____
Telephone: _____
Email: _____

3. CBSV Usage Information:

Estimated Annual Volume of Requests: _____
Date Enrollment Fee Submitted: _____
Reason (s) for Using CBSV: (Please select all that apply.)

Mortgage Service: _____	Banking Service: _____
Background Check: _____	Licensing Requirement: _____
Credit Check: _____	Other (Specify): _____

4. Preferred Method of Use (Please select one)

Real Time Internet Submittal (limited to 10 numbers at one time) _____
Real Time Web Service _____
Batch Mode _____

Questions about CBSV may be emailed to SSA.CBSV@SSA.gov.